

United States Bankruptcy Court for the:

District of South Carolina

Case number (If known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

HandPicked, Inc.

2. All other names debtor used
in the last 8 years

HandPicked

Include any assumed names,
trade names, and *doing business*
as names

3. Debtor's federal Employer
Identification Number (EIN)

57-0896848

4. Debtor's address

Principal place of business

270 Haribson Blvd

Number Street

Columbia	SC	29212
City	State	ZIP Code

Lexington County
County

Mailing address, if different from principal place
of business

113 Dandelion Court

Number Street

P.O. Box	Lexington	SC	29072
City	State	ZIP Code	

Location of principal assets, if different from
principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

https://behandpicked.com

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other. Specify: _____

Debtor	HandPicked, Inc. Name		Case number (if known) _____
<p>7. Describe debtor's business</p> <p>A. Check one:</p> <p><input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) <input type="checkbox"/> Railroad (as defined in 11 U.S.C. § 101(44)) <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. § 781(3)) <input checked="" type="checkbox"/> None of the above</p> <hr/> <p>B. Check all that apply:</p> <p><input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. § 501) <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))</p> <hr/> <p>C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.naics.com/search/ .</p> <p style="text-align: center;"><u>4483</u></p>			
8. Under which chapter of the Bankruptcy Code is the debtor filing?	<p>Check one:</p> <p><input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11. Check all that apply:</p> <p><input checked="" type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input checked="" type="checkbox"/> The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).</p> <p><input type="checkbox"/> A plan is being filed with this petition.</p> <p><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).</p> <p><input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form.</p> <p><input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.</p> <p><input type="checkbox"/> Chapter 12</p>		
9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY</p> <p>District _____ When _____ Case number _____ MM / DD / YYYY</p>		
10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Debtor <u>Sonya M. Ingram and Kevin D. Ingram</u> Relationship <u>Sonya Ingram is sole c</u> District <u>District of South Carolina</u> When <u>06/30/2023</u> Case number, if known _____ MM / DD / YYYY</p>		

Debtor HandPicked, Inc. _____ Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

15. Estimated assets

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input checked="" type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

Debtor	HandPicked, Inc. Name	Case number (if known)	
16. Estimated liabilities	<input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> \$500,001-\$1 million	<input checked="" type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/30/2023
MM / DD / YYYY

/s/ Sonya M. Ingram

Signature of authorized representative of debtor

Sonya M. Ingram

Printed name

Title Owner

18. Signature of attorney

/s/ W. Harrison Penn

Signature of attorney for debtor

Date 06/30/2023

MM / DD / YYYY

W. Harrison Penn

Printed name

Penn Law Firm, LLC

Firm name

1517 Laurel Street (29201) PO Box 11332

Number Street

Columbia

City

8037718836

Contact phone

SC 29211-1332

State ZIP Code

hpenn@mccarthy-lawfirm.com

Email address

District Ct. ID #11164

Bar number

SC

State

2022 S Corporation Return
prepared for:

HANDPICKED, INC.
270 HARBISON BLVD
COLUMBIA, SC 29212

DOOLEY AND COMPANY, LLC
468 OLD CHEROKEE ROAD
LEXINGTON, SC 29072

HANDPICKED, INC.
270 HARBISON BLVD
COLUMBIA, SC 29212

DOOLEY AND COMPANY, LLC
468 OLD CHEROKEE ROAD
LEXINGTON, SC 29072

HANDPICKED, INC.
270 HARBISON BLVD
COLUMBIA, SC 29212

1120S

Form **8879-CORP**

E-file Authorization for Corporations

(December 2022)

Department of the Treasury
Internal Revenue Service

For calendar year 2022, or tax year beginning _____, 20_____, ending _____, 20_____

OMB No. 1545-0123

Use for efile authorizations for Form 1120, 1120-F or 1120S.

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879CORP for the latest information.

Name of corporation

HANDPICKED, INC.

Employer identification number

57-0896848

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	445,607.

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize _____ to enter my PIN _____ as my signature
ERO firm name
do not enter all zeros

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date _____ Title PRESIDENT

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

5 7 1 1 6 1 2 9 2 0 5

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112, IRS e-file Application and Participation**, and **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns**.

ERO's signature _____ Date 03/31/2023

**ERO Must Retain This Form – See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form 1120-S

U.S. Income Tax Return for an S Corporation

OMB No. 1545-0123

Department of the Treasury
Internal Revenue ServiceDo not file this form unless the corporation has filed or
is attaching Form 2553 to elect to be an S corporation.
Go to www.irs.gov/Form1120S for instructions and the latest information.

2022

For calendar year 2022 or tax year beginning , 2022, ending , 20

A S election effective date 10/15/2014	Name HANDPICKED, INC.	D Employer identification number 57-0896848
B Business activity code number (see instructions) 458310	Number, street, and room or suite no. If a P.O. box, see instructions. 270 HARBISON BLVD	E Date incorporated 09/01/1989
C Check if Sch. M-3 attached <input type="checkbox"/>	City or town, state or province, country, and ZIP or foreign postal code COLUMBIA SC 29212	F Total assets (see instructions) \$ 695,609.

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes NoH Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes

Caution: Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a Gross receipts or sales	1a 708,826.	1c 708,826. 2 263,219. 3 445,607. 4 5 6 445,607.
	b Returns and allowances	1b	
	c Balance. Subtract line 1b from line 1a		
	2 Cost of goods sold (attach Form 1125-A)		
	3 Gross profit. Subtract line 2 from line 1c		
	4 Net gain (loss) from Form 4797, line 17 (attach Form 4797)		
5 Other income (loss) (see instructions—attach statement)			
6 Total income (loss). Add lines 3 through 5			
Deductions (see instructions for limitations)	7 Compensation of officers (see instructions—attach Form 1125-E)	7 109,577.	
	8 Salaries and wages (less employment credits)	8 169,247.	
	9 Repairs and maintenance	9 22,356.	
	10 Bad debts	10	
	11 Rents	11 86,267.	
	12 Taxes and licenses	12 45,243.	
	13 Interest (see instructions)	13 79,114.	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14 5,180.	
	15 Depletion (Do not deduct oil and gas depletion.)	15	
	16 Advertising	16 9,597.	
	17 Pension, profit-sharing, etc., plans	17 2,427.	
	18 Employee benefit programs	18 250.	
	19 Other deductions (attach statement) See Statement	19 320,774.	
	20 Total deductions. Add lines 7 through 19	20 850,032.	
	21 Ordinary business income (loss). Subtract line 20 from line 6	21 -404,425.	
Tax and Payments	22a Excess net passive income or LIFO recapture tax (see instructions)	22a	22c 23a 23b 0. 23c 23d 0. 24 25 0. 26 27
	b Tax from Schedule D (Form 1120-S)	22b	
	c Add lines 22a and 22b (see instructions for additional taxes)		
	23a 2022 estimated tax payments and 2021 overpayment credited to 2022	23a	
	b Tax deposited with Form 7004	23b	
	c Credit for federal tax paid on fuels (attach Form 4136)	23c	
	d Add lines 23a through 23c		
	24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24	
	25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed	25	
	26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid	26	
27 Enter amount from line 26: Credited to 2023 estimated tax	Refunded		

Sign Here
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

PRESIDENT

May the IRS discuss this return
with the preparer shown below?
See instructions. Yes No

Signature of officer Date Title

Paid Preparer Use Only	Print/Type preparer's name Rodney K. Dooley, Jr., CPA/PFS/CFF	Preparer's signature Rodney K. Dooley, Jr., CPA/PFS/CFF	Date 03/31/2023	Check <input type="checkbox"/> if self-employed	PTIN P01079014
	Firm's name DOOLEY AND COMPANY, LLC			Firm's EIN 57-0757755	
	Firm's address 468 OLD CHEROKEE ROAD LEXINGTON SC 29072			Phone no. (803) 359-3800	

Form 1120-S (2022)

Schedule B Other Information (see instructions)

					Yes	No
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____					
2	See the instructions and enter the: a Business activity RETAIL SALES b Product or service RETAIL PRODUCTS					
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation					X
4	At the end of the tax year, did the corporation: a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
	(i) Name of Corporation (ii) Employer Identification Number (if any) (iii) Country of Incorporation (iv) Percentage of Stock Owned (v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made					
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below					X
	(i) Name of Entity (ii) Employer Identification Number (if any) (iii) Type of Entity (iv) Country of Organization (v) Maximum Percentage Owned in Profit, Loss, or Capital					
5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below. (i) Total shares of restricted stock (ii) Total shares of non-restricted stock					X
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below. (i) Total shares of stock outstanding at the end of the tax year (ii) Total shares of stock outstanding if all instruments were executed					X
6	Has this corporation filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?					X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.				<input type="checkbox"/>	
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions \$					
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions					X
10	Does the corporation satisfy one or more of the following? See instructions a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense. b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense. c The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach Form 8990, Limitation on Business Interest Expense Under Section 163(j).					X
11	Does the corporation satisfy both of the following conditions? a The corporation's total receipts (see instructions) for the tax year were less than \$250,000. b The corporation's total assets at the end of the tax year were less than \$250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.					X

Schedule B Other Information (see instructions) (continued)		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		<input checked="" type="checkbox"/>
	If "Yes," enter the amount of principal reduction	\$	
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		<input checked="" type="checkbox"/>
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		<input checked="" type="checkbox"/>
b	If "Yes," did or will the corporation file required Form(s) 1099?		<input checked="" type="checkbox"/>
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		<input checked="" type="checkbox"/>
	If "Yes," enter the amount from Form 8996, line 15	\$	
Schedule K Shareholders' Pro Rata Share Items		Total amount	
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1 -404,425.
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3a	Other gross rental income (loss)	3a
	b	Expenses from other rental activities (attach statement)	3b
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Interest income	4
	5	Dividends: a Ordinary dividends	5a
		b Qualified dividends	5b
	6	Royalties	6
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7
8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
b	Collectibles (28%) gain (loss)	8b	
c	Unrecaptured section 1250 gain (attach statement)	8c	
9	Net section 1231 gain (loss) (attach Form 4797)	9 -634.	
10	Other income (loss) (see instructions) Type: _____	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11
	12a	Charitable contributions	12a
	b	Investment interest expense	12b
	c	Section 59(e)(2) expenditures Type: _____	12c
d	Other deductions (see instructions) Type: _____	12d	
Credits	13a	Low-income housing credit (section 42(l)(5))	13a
	b	Low-income housing credit (other)	13b
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c
	d	Other rental real estate credits (see instructions) Type: _____	13d
	e	Other rental credits (see instructions) Type: _____	13e
	f	Biofuel producer credit (attach Form 6478)	13f
	g	Other credits (see instructions) Type: _____	13g
International	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>	
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a
	b	Adjusted gain or loss	15b
	c	Depletion (other than oil and gas)	15c
	d	Oil, gas, and geothermal properties—gross income	15d
	e	Oil, gas, and geothermal properties—deductions	15e
	f	Other AMT items (attach statement)	15f
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a
	b	Other tax-exempt income	16b
	c	Nondeductible expenses	16c 25,930.
	d	Distributions (attach statement if required) (see instructions)	16d 0.
	e	Repayment of loans from shareholders	16e
	f	Foreign taxes paid or accrued	16f

Schedule K Shareholders' Pro Rata Share Items (continued)			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	0.
	d Other items and amounts (attach statement) ** SEC 199A INFO: SEE STMT A		

Recon-ciliation	18 Income (loss) reconciliation. Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .	18	-405,059.
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Schedule L Balance Sheets per Books		Beginning of tax year	End of tax year		
	Assets	(a)	(b)	(c)	(d)
1	Cash		369,824.		79,169.
2a	Trade notes and accounts receivable		0.		0.
b	Less allowance for bad debts	()	0.	()	0.
3	Inventories		53,689.		74,373.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement) Ln .6. St		89,156.		53,983.
7	Loans to shareholders				28,582.
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	230,277.		225,525.	
b	Less accumulated depreciation	(215,872.)	14,405.	(216,934.)	8,591.
11a	Depletable assets	()	()	()	
b	Less accumulated depletion	()	()	()	
12	Land (net of any amortization)		2,516,704.		2,516,704.
13a	Intangible assets (amortizable only)	(1,814,123.)	702,581.	(2,065,793.)	450,911.
14	Other assets (attach statement)				
15	Total assets		1,229,655.		695,609.
Liabilities and Shareholders' Equity					
16	Accounts payable		12,458.		-4,680.
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement) Ln 18 St		21,797.		18,680.
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		2,765,610.		2,698,254.
21	Other liabilities (attach statement) Ln .2.1. St.		236,198.		220,752.
22	Capital stock		100.		100.
23	Additional paid-in capital		242,275.		242,275.
24	Retained earnings		-2,048,783.		-2,479,772.
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock	()	()	()	
27	Total liabilities and shareholders' equity		1,229,655.		695,609.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	-430,989.	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize) . . . . .	.	a	Tax-exempt interest \$	
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12, and 16f (itemize):		6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Travel and entertainment \$	1,212.	7	Add lines 5 and 6	
	See M-1, Line 3 Stmt	24,718.	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	-405,059.
4	Add lines 1 through 3	-405,059.			

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	-483,216.	0.	0.
2	Ordinary income from page 1, line 21			186,655.
3	Other additions			
4	Loss from page 1, line 21	(404,425.)		
5	Other reductions See M-2 Line 5 Stmt	(26,564.)		()
6	Combine lines 1 through 5	-914,205.	0.	186,655.
7	Distributions	0.	0.	0.
8	Balance at end of tax year. Subtract line 7 from line 6	-914,205.	0.	186,655.

Form **4797**Department of the Treasury
Internal Revenue Service**Sales of Business Property**(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

2022Attachment
Sequence No. **27**Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

HANDPICKED, INC.Identifying number
57-0896848

1a Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

1b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets

c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CCTV & ALARM		09/08/2016	12/28/2022	0.	4,118.	4,752.	-634.

3 Gain, if any, from Form 4684, line 39

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824

6 Gain, if any, from line 32, from other than casualty or theft

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3	
4	
5	
6	
7	-634.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years. See instructions

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8	
9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7

12 Gain, if any, from line 7 or amount from line 8, if applicable

13 Gain, if any, from line 31

14 Net gain or (loss) from Form 4684, lines 31 and 38a

15 Ordinary gain from installment sales from Form 6252, line 25 or 36

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824

17 Combine lines 10 through 16.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

11	()
12	
13	
14	
15	
16	
17	

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a	
18b	

Form **1125-A**

(Rev. November 2018)
Department of the Treasury
Internal Revenue Service

Cost of Goods Sold

OMB No. 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
► Go to www.irs.gov/Form1125A for the latest information.

Name

HANDPICKED, INC.

1	Inventory at beginning of year	.....	1	53,689
2	Purchases	.....	2	256,065
3	Cost of labor	.....	3	
4	Additional section 263A costs (attach schedule)	.....	4	
5	Other costs (attach schedule)	..... See Statement	5	27,838
6	Total. Add lines 1 through 5	.....	6	337,592
7	Inventory at end of year	.....	7	74,373
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	.....	8	263,219

9a Check all methods used for valuing closing inventory:

(i) Cost
(ii) Lower of cost or market
(iii) Other (Specify method used and attach explanation.) ►

b Check if there was a writedown of subnormal goods

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation

9d

Yes No
 Yes No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New

Small business taxpayers. For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions

Purpose of Form

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Fillers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non- incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.

Uniform capitalization rules. The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(l).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

671121

 Final K-1 Amended K-1 OMB No. 1545-0123**Schedule K-1
(Form 1120-S)**Department of the Treasury
Internal Revenue Service**2022**

For calendar year 2022, or tax year

beginning / / 2022ending / /**Shareholder's Share of Income, Deductions,
Credits, etc.**

See separate instructions.

**Part III Shareholder's Share of Current Year Income,
Deductions, Credits, and Other Items**

A	Corporation's employer identification number 57-0896848	5a	Ordinary dividends	13	Credits
B	Corporation's name, address, city, state, and ZIP code HANDPICKED, INC. 270 HARBISON BLVD COLUMBIA SC 29212	5b	Qualified dividends	14	Schedule K-3 is attached if checked <input type="checkbox"/>
C	IRS Center where corporation filed return Kansas City, MO 64999-0013	6	Royalties	15	Alternative minimum tax (AMT) items
D	Corporation's total number of shares Beginning of tax year <u> </u> End of tax year <u> </u>	7	Net short-term capital gain (loss)	8a	Net long-term capital gain (loss)
E	Shareholder's identifying number 2348	8b	Collectibles (28%) gain (loss)	8c	Unrecaptured section 1250 gain
F	Shareholder's name, address, city, state, and ZIP code SONYA M. INGRAM 113 DANDELION COURT LEXINGTON SC 29072	9	Net section 1231 gain (loss) -634.	16	Items affecting shareholder basis C 25,930.
G	Current year allocation percentage <u> 100.00000 %</u>	10	Other income (loss)	D	<u>0.</u>
H	Shareholder's number of shares Beginning of tax year <u> </u> End of tax year <u> </u>	11	Section 179 deduction	17	Other information V * STMT
I	Loans from shareholder Beginning of tax year <u> \$.</u> End of tax year <u> \$.</u>	12	Other deductions		
For IRS Use Only					
18 <input type="checkbox"/> More than one activity for at-risk purposes* 19 <input type="checkbox"/> More than one activity for passive activity purposes*					
* See attached statement for additional information.					

Statement A—QBI Pass-through Entity Reporting

Corporation's name: HANDPICKED, INC.	Corporation's EIN: 57-0896848
Shareholder's name: SONYA M. INGRAM	Shareholder's identifying no: 2348
1120S, Line 21	
<input type="checkbox"/> PTP <input type="checkbox"/> PTP <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> Aggregated <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB <input type="checkbox"/> SSTB <input type="checkbox"/> SSTB	
Shareholder's share of:	
QBI or qualified PTP items subject to shareholder-specific determinations:	
Ordinary business income (loss)	-404,425.
	Rental income (loss)
	Royalty income (loss)
	Section 1231 gain (loss)
	Other income (loss)
	Section 179 deduction
	Other deductions
W-2 wages	278,824.
UBIA of qualified property	225,407.
Section 199A dividends	

Statement A—QBI Pass-through Entity Reporting

Corporation's name:	Corporation's EIN:
Shareholder's name:	Shareholder's identifying no:
1120S, Line 21	
<input type="checkbox"/> PTP <input type="checkbox"/> PTP <input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> Aggregated <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB <input type="checkbox"/> SSTB <input type="checkbox"/> SSTB	
Shareholder's share of:	
QBI or qualified PTP items subject to shareholder-specific determinations:	
Ordinary business income (loss)	
	Rental income (loss)
	Royalty income (loss)
	Section 1231 gain (loss)
	Other income (loss)
	Section 179 deduction
	Other deductions
W-2 wages	
UBIA of qualified property	
Section 199A dividends	

Form 1125-E

(Rev. October 2016)

Department of the Treasury
Internal Revenue Service

Compensation of Officers

OMB No. 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► **Information about Form 1125-E and its separate instructions is at www.irs.gov/form1125e.**

Name _____

HANDPICKED, INC.

Employer identification number
57-089 6848

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

Form 1120S

199A Statement A Summary

2022

QuickZoom to Other Copy _____

Page 1

Corporation's Name: <u>HANDPICKED, INC.</u>		Corporation's EIN: <u>57-0896848</u>																						
<table border="1"><tr><td colspan="2">1120S, Line 21</td><td></td><td></td><td></td></tr><tr><td><input type="checkbox"/> PTP</td><td><input type="checkbox"/> PTP</td><td><input type="checkbox"/> PTP</td><td></td><td></td></tr><tr><td><input type="checkbox"/> Aggregated</td><td><input type="checkbox"/> Aggregated</td><td><input type="checkbox"/> Aggregated</td><td></td><td></td></tr><tr><td><input type="checkbox"/> SSTB</td><td><input type="checkbox"/> SSTB</td><td><input type="checkbox"/> SSTB</td><td></td><td></td></tr></table>					1120S, Line 21					<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP			<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated			<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB		
1120S, Line 21																								
<input type="checkbox"/> PTP	<input type="checkbox"/> PTP	<input type="checkbox"/> PTP																						
<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated	<input type="checkbox"/> Aggregated																						
<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB	<input type="checkbox"/> SSTB																						
Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:																								
Ordinary business inc (loss)		<u>-404,425.</u>																						
Rental income (loss)																								
Royalty income (loss)																								
Section 1231 gain (loss)																								
Other income (loss)																								
Section 179 deduction																								
Other deductions																								
W-2 wages		<u>278,824.</u>																						
UBIA of qualified property		<u>225,407.</u>																						
Qualified REIT dividends																								

Corporation's Name: _____	Corporation's EIN: _____																																										
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB																																											
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB																																											
<input type="checkbox"/> PTP <input type="checkbox"/> Aggregated <input type="checkbox"/> SSTB																																											
<p>Shareholder's share of: QBI or qualified PTP items subject to shareholder-specific determinations:</p> <table border="1"><tr><td>Ordinary business inc (loss)</td><td></td><td></td><td></td></tr><tr><td>Rental income (loss)</td><td></td><td></td><td></td></tr><tr><td>Royalty income (loss)</td><td></td><td></td><td></td></tr><tr><td>Section 1231 gain (loss)</td><td></td><td></td><td></td></tr><tr><td>Other income (loss)</td><td></td><td></td><td></td></tr><tr><td>Section 179 deduction</td><td></td><td></td><td></td></tr><tr><td>Other deductions</td><td></td><td></td><td></td></tr><tr><td>W-2 wages</td><td></td><td></td><td></td></tr><tr><td>UBIA of qualified property</td><td></td><td></td><td></td></tr><tr><td>Qualified REIT dividends</td><td></td><td></td><td></td></tr></table>				Ordinary business inc (loss)				Rental income (loss)				Royalty income (loss)				Section 1231 gain (loss)				Other income (loss)				Section 179 deduction				Other deductions				W-2 wages				UBIA of qualified property				Qualified REIT dividends			
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UBIA of qualified property																																											
Qualified REIT dividends																																											

spsw9907 SCR 12/14/19

**Form 1120S
Schedule L**

Other Assets

2022

Name HANDPICKED, INC.	Employer ID Number 57-0896848	
Other Current Assets:	Beginning of tax year	End of tax year
1123 Â· Prepaid Purchases	5,147.	5,147.
1127 Â· Prepaid Insurance	0.	0.
1128 Â· Prepaid Support Ma	0.	0.
1129 Â· Prepaids/Deposits	43,612.	47,027.
1131 Â· Prepaid Shipping O	38,588.	0.
1136 Â· Escrow Held by BDC	1,784.	1,784.
1138 Â· Prepaid Stones	25.	25.
Total to Form 1120S, Schedule L, line 6 ►	89,156.	53,983.
Other Investments:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 9 ►		
Other Assets:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 14 ►		

**Form 1120S
Schedule L**

**Other Liabilities
and Adjustments to Shareholders' Equity**

2022

Name HANDPICKED, INC.	Employer ID Number 57-0896848	
Other Current Liabilities:	Beginning of tax year	End of tax year
2106.1 Â· State Withholding	0.	0.
2015 Â· Health Insurance P	0.	0.
2110 Â· Federal Withholding	0.	0.
2124 Â· Fica	0.	0.
2144 Â· Medicare	0.	0.
2200 Â· Sales Tax Payable	6,892.	5,566.
2256 Â· Salaries Payable	3,737.	1,943.
2261 Â· Contributions Paya	0.	0.
2262 Â· Miscellaneous Paya	0.	0.
2254 Â· NC-Sales Tax Payab	11,163.	11,163.
Rounding	5.	8.
Total to Form 1120S, Schedule L, line 18 ►	21,797.	18,680.
Other Liabilities:	Beginning of tax year	End of tax year
2000 Â· Accrued /Other Lia	1,238.	8,392.
2001 Â· Bank of America	0.	0.
2001.2 Â· BOA - Sonya Ingr	50,709.	38,199.
2002 Â· American Express	16,845.	11,705.
2003 Â· Elite Wells Fargo	0.	0.
2006 Â· Wells Commercial	0.	0.
2013 Â· 401K Loan Payable	0.	0.
2014 Â· Deferred Compensat	875.	-627.
2245 Â· Deferred Gift Card	1,725,487.	1,732,547.
2246 Â· Deferred Due Bills	104,954.	110,639.
2247 Â· Deferred Gift Card	-1,663,910.	-1,680,103.
Total to Form 1120S, Schedule L, line 21 ►	236,198.	220,752.
Adjustments to Shareholders' Equity:	Beginning of tax year	End of tax year
Total to Form 1120S, Schedule L, line 25 ►		

199A Worksheet by Activity

2022

► Keep for your records

Corporation's name HANDPICKED, INC.	Corporation's EIN 57-0896848		
QuickZoom to 199A Summary ► _____			
Aggregation Code: _____	Trade or Business: 1120S, Line 21 EIN: 57-0896848		
Is this activity a qualified trade/business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specified Service Trade or Business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
QBI or qualified PTP items subject to shareholder-specific determinations:			
1 a Ordinary business income (loss)	1 a -404,425.	1 c	-404,425.
b Adjustments	b _____		
c Adjusted ordinary business income (loss)	c _____		
2 a Rental income (loss)	2 a _____	2 c	_____
b Adjustments	b _____		
c Adjusted rental income (loss)	c _____		
3 a Royalty income (loss)	3 a _____	3 c	_____
b Adjustments	b _____		
c Adjusted royalty income (loss)	c _____		
4 a Section 1231 gain (loss)	4 a _____	4 c	_____
b Adjustments	b _____		
c Adjusted section 1231 gain (loss)	c _____		
5 Other income (loss)	5 _____	6 c	_____
6 a Section 179 deduction	6 a _____		
b Adjustments	b _____		
c Adjusted section 179 deduction	c _____	7	_____
7 Other deductions	7 _____		
8 a W-2 wages	8 a 278,824.		
b Adjustments	b _____	8 c	278,824.
c Adjusted W-2 Wages	c _____		
9 a UBI of qualified property	9 a 225,407.		
b Adjustments	b 225,407.	9 c	225,407.
c Adjusted UBI of qualified property	c _____		

Section 179 Carryover Detail for this Activity

	Section 179 Regular Tax	Section 179 QBI
Tentative Section 179 deduction from current year assets		
Part I: Prior Year Carryovers by Year and Category		
A Before 2018		0.
B 2018		
C 2019		
D 2020		
E 2021		
Total prior year carryovers to this year		
Part II: 179 Deduction Allowed by Year and Category		
Total 179 deduction allowed for this activity in current year		
A Amount allowed from 2022		
B Amount allowed from before 2018		
C Amount allowed from 2018		
D Amount allowed from 2019		
E Amount allowed from 2020		
F Amount allowed from 2021		
Part III: Total Carryforward to 2023 by Year and Category		
A Carryforward from 2022		
B Carryforward from before 2018		
C Carryforward from 2018		
D Carryforward from 2019		
E Carryforward from 2020		
F Carryforward from 2021		
Total carryforward to next year		

HANDPICKED, INC.

57-0896848

1

Additional Information From 2022 US Form 1120S: Income Tax Return for S Corp

Form 1120S: S-Corporation Tax Return

Other Deductions

Continuation Statement

Description	Amount
ACCOUNTING	2,823.
AMORTIZATION	251,670.
AUTOMOBILE AND TRUCK EXPENSE	2,881.
BANK CHARGES	2,211.
COMPUTER SERVICES AND SUPPLIES	9,615.
EQUIPMENT RENT	2,409.
INSURANCE	5,537.
LEGAL AND PROFESSIONAL	2,170.
MEALS (50%)	1,213.
MISCELLANEOUS	551.
OFFICE EXPENSE	20,651.
POSTAGE	942.
TELEPHONE	5,375.
TRAVEL	4,963.
UTILITIES	7,763.
Total	320,774.

Form 1120S: S-Corporation Tax Return

M-1, Line 3, Expenses Recorded on Books, Not Included on Schedule K-1

Continuation Statement

Description	Amount
LIFE INSURANCE PREMIUMS	24,717.
ROUNDING	1.
Total	24,718.

Form 1120S: S-Corporation Tax Return

M-2 Line 5, Other Reductions

Continuation Statement

Description	AAA Amount	OAA Amount
NET LOSS UNDER SECTION 1231	634.	
MEALS AND ENTERTAINMENT	1,212.	
LIFE INSURANCE PREMIUMS	24,717.	
ROUNDING	1.	
Total	26,564.	

Form 1125-A: Cost of Goods Sold

Other Costs Statement

Continuation Statement

Other Cost	Other Amount
COGS ADJUSTMENT	20,684

HANDPICKED, INC.

57-0896848

2

Form 1125-A: Cost of Goods Sold

Other Costs Statement

Continuation Statement

Other Cost	Other Amount
6003 Ä• Shipping Other	7,154
Total	27,838

1030

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

CORPORATE INCOME TAX PAYMENT VOUCHER

SC1120-V
(Rev. 5/4/22)
3416

Pay online using our free tax portal, MyDORWAY, at dor.sc.gov/pay. Select Business Income Tax Payment to get started. Do not mail a paper copy of the SC1120-V if you pay online.

- If you owe \$15,000 or more in connection with any SCDOR return, you must file and pay electronically according to SC Code Section 12-54-250.
- If you file by paper, use only black ink on the SC1120-V and on your check.
- Enter your Federal Employer Identification Number (FEIN), name, and address.
- Enter the Income Tax period ending in the MM-YY format.
- Enter your payment amount in whole dollars without a dollar sign (example: 154.00).
- Your payment amount should match the balance due on your Corporate Tax Return.
- If the total tax due is not paid in full by the original due date, penalty and interest will result until the return is filed and the full amount of tax is paid.
- If you filed your Corporate Tax Return electronically with a balance due, do not include a paper copy of your return when you mail your SC1120-V.
- If you file your Corporate Tax Return by paper and have a balance due, submit your payment with the return. Do not mail your payment separately with the SC1120-V.
- Make your check payable to SCDOR. Include your name, FEIN, tax year, and SC1120-V in the memo line of the check. Do not send cash.
- Mail your SC1120-V and payment in one envelope.

Mail your SC1120-V and payment to: SCDOR, Corporate Voucher, PO Box 100153, Columbia, SC 29202



REV 03/29/23 PRO

cut along dotted line

1030

dor.sc.gov



SC DEPARTMENT OF REVENUE
CORPORATE INCOME TAX PAYMENT VOUCHER

SC1120-V
(Rev. 5/4/22)
3416

Pay online! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay.

FEIN

Income Tax period ending (MM-YY)

►57-0896848

►12/22

Name and address of corporation

HANDPICKED, INC.
270 HARBISON BLVD

COLUMBIA

SC 29212

Payment
amount ►

257.00

Do not send cash. Make your check payable to SCDOR and include your name, FEIN, tax year, and SC1120-V in the memo.

34161034 570896848 1222 00000025700

0

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dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

S CORPORATION INCOME TAX RETURN

Due by the 15th day of the third month following the close of the taxable year.

SC 1120S

(Rev. 6/9/22)
3095

Income Tax period ending <u>12 - 31 - 2022</u>	County or counties in SC where property is located																																																												
License Fee period ending <u>12 - 31 - 2023</u>	Audit location: Street address <u>270 HARBISON BLVD</u>																																																												
FEIN <u>57-0896848</u>	City <u>COLUMBIA</u> State <u>SC</u> ZIP <u>29212</u>																																																												
Name <u>HANDPICKED, INC.</u>	Audit contact <u>SONYA M INGRAM</u> Phone number <u>(803) 429-6990</u>																																																												
Mailing address <u>270 HARBISON BLVD</u>	Does the corporation have any shareholders who are nonresidents of South Carolina? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																												
City <u>COLUMBIA</u> State <u>SC</u> ZIP <u>29212</u>	Number of nonresident shareholders																																																												
Change of <input checked="" type="checkbox"/> Address <input type="checkbox"/> Accounting Period <input type="checkbox"/> Officers	Number of nonresident shareholders with an I-309 affidavit																																																												
<input checked="" type="checkbox"/> Check if you filed a federal or state extension	Number of nonresident shareholders included in a composite return																																																												
<input checked="" type="checkbox"/> Check for Active Trade or Business election																																																													
Check if: <input type="checkbox"/> Initial Return <input type="checkbox"/> Amended Return																																																													
<input type="checkbox"/> Includes QSSSs and/or Disregarded LLCs (See Schedule L)																																																													
Check if: <input type="checkbox"/> Merged <input type="checkbox"/> Reorganized <input type="checkbox"/> Final																																																													
Total gross receipts ► 708,826	Total cost of depreciable personal property in SC ► 101,411																																																												
Attach complete copy of federal return																																																													
<table border="0"> <tr> <td>1. Total of line 1 through 12, Schedule K of the federal 1120S</td> <td>► 1. <u>-405,059</u> 00</td> </tr> <tr> <td>2. Net adjustment from Schedule A and B, line 15</td> <td>2. <u>00</u></td> </tr> <tr> <td>3. Total net income as reconciled (add line 1 and line 2)</td> <td>3. <u>-405,059</u> 00</td> </tr> <tr> <td>4. If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.</td> <td>4. <u>-405,059</u> 00</td> </tr> <tr> <td>5. Active Trade or Business Income (from I-435, line 14)</td> <td>5. <u>00</u></td> </tr> <tr> <td>6. Active Trade or Business Tax (from I-435, line 17)</td> <td>6. <u>00</u></td> </tr> <tr> <td>7. Income taxed to shareholders</td> <td>7. <u>-405,059</u> 00</td> </tr> <tr> <td>8. South Carolina net taxable income (subtract line 5 and line 7 from line 4)</td> <td>8. <u>00</u></td> </tr> <tr> <td>9. Tax (multiply line 8 by 5%)</td> <td>9. <u>00</u></td> </tr> <tr> <td>10. Total Income Tax (add line 6 and line 9)</td> <td>10. <u>00</u></td> </tr> <tr> <td>11. Nonrefundable credits (enter amount from SC1120TC)</td> <td>11. <u>00</u></td> </tr> <tr> <td>12. Balance of tax (subtract line 11 from line 10)</td> <td>12. <u>00</u></td> </tr> <tr> <td>13. Payments: (a) Tax withheld (attach 1099s or I-290s, don't claim here if claimed on SC1120S-WH)</td> <td>► 13a. <u>00</u></td> </tr> <tr> <td>(b) Paid by declaration</td> <td>► 13b. <u>00</u></td> </tr> <tr> <td>(c) Paid with extension</td> <td>► 13c. <u>00</u></td> </tr> <tr> <td>(d) Credit from line 28b</td> <td>► 13d. <u>00</u></td> </tr> <tr> <td>Refundable Credits: (e) Ammonia Additive</td> <td>► 13e. <u>00</u></td> </tr> <tr> <td>(f) Milk Credit</td> <td>► 13f. <u>00</u></td> </tr> <tr> <td>(g) Motor Fuel Income Tax Credit</td> <td>► 13g. <u>00</u></td> </tr> <tr> <td>14. Total payments and refundable credits (add line 13a through line 13g)</td> <td>14. <u>00</u></td> </tr> <tr> <td>15. Balance of tax (subtract line 14 from line 12)</td> <td>► 15. <u>0</u> 00</td> </tr> <tr> <td>16. (a) Interest</td> <td>16a. <u>00</u></td> </tr> <tr> <td>(b) Late file/pay penalty</td> <td>16b. <u>00</u></td> </tr> <tr> <td>(c) Declaration penalty (attach SC2220)</td> <td>► 16c. <u>00</u></td> </tr> <tr> <td>Total (add line 16a through line 16c) See penalty and interest in SC1120 Instructions.</td> <td>► 16. <u>00</u></td> </tr> <tr> <td>17. Total Income Tax, interest, and penalty (add line 15 and line 16)</td> <td>► 17. <u>0</u> 00</td> </tr> <tr> <td>18. Overpayment (subtract line 12 from line 14)</td> <td>18. <u>00</u></td> </tr> <tr> <td>To be applied as follows: (a) Estimated Tax</td> <td>► 18a. <u>00</u></td> </tr> <tr> <td>(b) License Fee</td> <td>► 18b. <u>00</u></td> </tr> <tr> <td>(c) REFUND</td> <td>► 18c. <u>00</u></td> </tr> </table>		1. Total of line 1 through 12, Schedule K of the federal 1120S	► 1. <u>-405,059</u> 00	2. Net adjustment from Schedule A and B, line 15	2. <u>00</u>	3. Total net income as reconciled (add line 1 and line 2)	3. <u>-405,059</u> 00	4. If multi-state corporation, enter amount from Schedule G, line 6; otherwise, enter amount from line 3.	4. <u>-405,059</u> 00	5. Active Trade or Business Income (from I-435, line 14)	5. <u>00</u>	6. Active Trade or Business Tax (from I-435, line 17)	6. <u>00</u>	7. Income taxed to shareholders	7. <u>-405,059</u> 00	8. South Carolina net taxable income (subtract line 5 and line 7 from line 4)	8. <u>00</u>	9. Tax (multiply line 8 by 5%)	9. <u>00</u>	10. Total Income Tax (add line 6 and line 9)	10. <u>00</u>	11. Nonrefundable credits (enter amount from SC1120TC)	11. <u>00</u>	12. Balance of tax (subtract line 11 from line 10)	12. <u>00</u>	13. Payments: (a) Tax withheld (attach 1099s or I-290s, don't claim here if claimed on SC1120S-WH)	► 13a. <u>00</u>	(b) Paid by declaration	► 13b. <u>00</u>	(c) Paid with extension	► 13c. <u>00</u>	(d) Credit from line 28b	► 13d. <u>00</u>	Refundable Credits: (e) Ammonia Additive	► 13e. <u>00</u>	(f) Milk Credit	► 13f. <u>00</u>	(g) Motor Fuel Income Tax Credit	► 13g. <u>00</u>	14. Total payments and refundable credits (add line 13a through line 13g)	14. <u>00</u>	15. Balance of tax (subtract line 14 from line 12)	► 15. <u>0</u> 00	16. (a) Interest	16a. <u>00</u>	(b) Late file/pay penalty	16b. <u>00</u>	(c) Declaration penalty (attach SC2220)	► 16c. <u>00</u>	Total (add line 16a through line 16c) See penalty and interest in SC1120 Instructions.	► 16. <u>00</u>	17. Total Income Tax, interest, and penalty (add line 15 and line 16)	► 17. <u>0</u> 00	18. Overpayment (subtract line 12 from line 14)	18. <u>00</u>	To be applied as follows: (a) Estimated Tax	► 18a. <u>00</u>	(b) License Fee	► 18b. <u>00</u>	(c) REFUND	► 18c. <u>00</u>
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PART II COMPUTATION OF LICENSE FEE AND SCHEDULES A AND B PAGE 2

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REV 03/29/23 PRO

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SC1120S

Page 2

PART II COMPUTATION OF LICENSE FEE

REFUND OPTIONS (select one; subject to program limitations) Direct Deposit Paper Check

If you select Direct Deposit, choose the account type (US accounts only) Checking Savings

Account information: Routing Number (RTN) ► Must be 9 digits. First two numbers of the RTN must be 01 - 12 or 21 - 32 ► Bank Account Number (BAN) ► 1-17 digits

SCHEDULE A AND B **ADDITIONS TO FEDERAL TAXABLE INCOME**

1. Taxes on or measured by income 1. _____
2. Excess net passive income subject to federal tax 2. _____
3. Taxable portion of certain built-in gains subject to federal tax 3. _____
4. _____ 4. _____
5. _____ 5. _____
6. Other additions (attach schedule) 6. _____
7. Total additions (add line 1 through line 6) 7. _____

DEDUCTIONS FROM FEDERAL TAXABLE INCOME

8. _____ 8. _____
9. _____ 9. _____
10. _____ 10. _____
11. _____ 11. _____
12. _____ 12. _____
13. Other deductions (attach schedule) 13. _____
14. Total deductions (add line 8 through line 13) 14. _____
15. Net adjustment (subtract line 14 from line 7) Also enter on SC1120S, Part I, line 2 15. _____

SCHEDULE C

RESERVED

Under penalty of law, I certify that I have examined this return, including accompanying annual report, statements, and schedules, and it is true and complete to the best of my knowledge.

Sign
Here

Sign Here	PRESIDENT Officer's title Email SONYA M INGRAM (803) 429-6990 Print officer's name Date Phone number
----------------------	--

I authorize the Director of the SCDOR or delegate to discuss this return, attachments, and related tax matters with the preparer.		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Print preparer's name Rodney K. Dooley, Jr., CPA/PFS/CFF
Paid	Preparer's signature	Date		Check if self-employed <input type="checkbox"/>
Preparer's	Rodney K. Dooley, Jr., CPA/PFS/CFF	03/31/2023		(803) 359-3800
Use Only	Firm's name (or yours if self-employed) and address	DOOLEY AND COMPANY, LLC		PTIN or FEIN 57-0757755
	468 OLD CHEROKEE ROAD	LEXINGTON	SC	ZIP 29072

If this is a corporation's final return, signing here authorizes the SCDOR to disclose that information to the South Carolina Secretary of State (SCSOS). You must close with the SCSOS and the SCDOR.

Taxpayer's signature

REV 03/29/23 PRO

Date _____

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SC1120S

Page 3

SCHEDULE D

ANNUAL REPORT TO BE COMPLETED BY ALL CORPORATIONS

1. Name HANDPICKED, INC.
2. Incorporated under the laws of the state of SOUTH CAROLINA
3. Location of the registered office of the corporation in South Carolina _____
In the city of COLUMBIA Registered agent at this address 270 HARBISON BLVD
SONYA M INGRAM
4. Principal office address 270 HARBISON BLVD COLUMBIA SC 29212
Nature of principal business in South Carolina RETAIL SALES
5. Total number of **authorized shares** of capital stock, itemized by class and series, if any, within each class:

Number of shares	Class	Series
<u>100000</u>	<u>COMMON</u>	<u>A</u>
6. Total number of **issued and outstanding shares** of capital stock itemized by class and series, if any, within each class:

Number of shares	Class	Series
<u>100</u>	<u>COMMON</u>	<u>A</u>
7. Names and business addresses of the directors (or individuals functioning as directors) and principal officers in the corporation:
Attach separate schedules if you need more space.

Name	Title	Business address
<u>SONYA INGRAM</u>	<u>PRESIDENT</u>	<u>450 GREENTREE LANE LEXINGTON SC 29072</u>

8. Date incorporated 09/01/1989 Date commenced business in South Carolina 09/01/1989
9. Date of this report 12/31/2022 FEIN 57-0896848
10. If foreign corporation, the date qualified to do business in South Carolina _____
11. Was the name of the corporation changed during the year? No Previous name _____
12. The corporation's books are in the care of SONYA INGRAM
Located at (street address) 270 HARBISON BLVD COLUMBIA SC 29212
13. The total amount of stated capital per balance sheet:

A. Total paid in capital stock (cannot be a negative amount)	\$ <u>100</u>
B. Total paid in capital surplus (cannot be a negative amount)	\$ <u>242,275</u>
C. Total amount of stated capital (cannot be a negative amount)	\$ <u>242,375</u>

Attach a complete copy of your federal return.

File electronically using Modernized Electronic Filing (MeF). It's the fastest and easiest way to complete your return!
Getting a refund? Choose Direct Deposit! It's fast, accurate, and secure!

Have a balance due? Pay electronically! It's quick and easy! Use our free online tax portal, MyDORWAY, at dor.sc.gov/pay. Select Business Income Tax Payment to get started.

If you pay by check, make your check payable to SCDOR. Include your name, FEIN, tax year, and SC1120S in the memo.

Mail Balance Due returns to:

SCDOR
Corporate Taxable
PO Box 100151
Columbia, SC 29202

Mail Refund or Zero Tax returns to:

SCDOR
Corporate Refund
PO Box 125
Columbia, SC 29214-0032

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SC1120S

Page 4

Only multi-state corporations must complete Schedules E, F, G, AND H

SCHEDULE E COMPUTATION OF LICENSE FEE OF MULTI-STATE CORPORATIONS

1. Total capital and paid in surplus at end of year \$
 2. SC proportion (multiply line 1 by ratio from Schedule H-1, H-2 or H-3, as appropriate) Also enter on SC1120S, line 14 \$

SCHEDULE F INCOME SUBJECT TO DIRECT ALLOCATION

Allocated Income	Gross Amounts 1	Less: Related Expenses 2	Net Amounts Allocated Directly to SC and Other States 3	Net Amounts Allocated Directly to SC 4
1. Total income directly allocated				
2. Income directly allocated to SC				

Attach an explanation of each type of income listed above that is not allocated to South Carolina.

SCHEDULE G COMPUTATION OF TAXABLE INCOME OF MULTI-STATE CORPORATIONS

1. Total net income as reconciled from SC1120S, page 1, line 3 1.
 2. Income subject to direct allocation to SC and other states from Schedule F, line 1 2.
 3. Total net income subject to apportionment (subtract line 2 from line 1) 3.
 4. Multiply line 3 by appropriate ratio from Schedule H-1, H-2, or H-3 4.
 5. Income subject to direct allocation to SC from Schedule F, line 2 5.
 6. Total SC net income (add line 4 and line 5). Also enter on SC1120S, page 1, line 4 6.

SCHEDULE H-1 COMPUTATION OF SALES RATIO

	Amount	Ratio
1. Total sales within South Carolina (see SC1120 instructions)		
2. Total sales everywhere (see SC1120 instructions)		
3. Sales ratio (line 1 divided by line 2)		%

Note: If there are no sales anywhere: Enter 100% on line 3 if South Carolina is the principal place of business
 Enter 0% on line 3 if principal place of business is outside South Carolina.

SCHEDULE H-2 COMPUTATION OF GROSS RECEIPTS RATIO

	Amount	Ratio
1. South Carolina gross receipts		
2. Amounts allocated to South Carolina on Schedule F	< >	
3. South Carolina adjusted gross receipts (subtract line 2 from line 1)		
4. Total gross receipts		
5. Total amounts allocated on Schedule F	< >	
6. Total adjusted gross receipts (subtract line 5 from line 4)		
7. Gross receipts ratio (line 3 divided by line 6)		%

SCHEDULE H-3 COMPUTATION OF RATIO FOR SECTION 12-6-2310 COMPANIES

	Amount	Ratio
1. Total within South Carolina (see SC1120 instructions)		
2. Total everywhere		
3. Taxable ratio (line 1 divided by line 2)		%

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SC1120S

Page 5

SCHEDULE SC-K WORKSHEET

	A Description	B Amounts From Federal Schedule K	C Plus or Minus South Carolina Adjustments	D Federal Schedule K Amounts After SC Adjustments	E Amounts Not Allocated or Apportioned to SC	F Amounts Allocated or Apportioned to SC
1	Ordinary business income (loss)	-404,425		-404,425		-404,425
2	Net rental real estate income (loss)					
3	Other net rental income (loss)					
4	Interest income					
5	Dividends					
6	Royalties					
7	Net short-term capital gain (loss)					
8	Net long-term capital gain (loss)					
9	Net section 1231 gain (loss)	-634		-634		-634
10	Other income (loss)					
11	Section 179 deduction					
12a	Contributions					
12b	Investment interest expense					
12c	Section 59(e)(2) expenditures					
12d	Other deductions					

Nonrefundable Tax Credits: Enter total credits from SC1120TC
You must attach your SC1120TC to this return.

1030



SC1120S

Page 6

SCHEDULE L

QSSSs AND DISREGARDED LLCs INCLUDED IN RETURN

List each Qualified Subchapter S Subsidiary (QSSS) doing business in South Carolina or registered with the SCSOS.

Name _____

FEIN/SC File #

List each disregarded **Limited Liability Company (LLC)** doing business in South Carolina or registered with the SCSOS.

Name _____

FEIN/SC File #

1030



SC1120S

Page 7

SCHEDULE N

PROPERTY INFORMATION

Property within South Carolina

	(a) Beginning Period	(b) Ending Period
1. Land		
2. Buildings		
3. Machinery and equipment		
4. Construction in progress		
5. Other property*		
Total		

*Provide an explanation or listing of property from line 5 above.

REV 03/29/23 PRO

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

**SHAREHOLDER'S SHARE OF SOUTH CAROLINA
INCOME, DEDUCTIONS, CREDITS, ETC.**

SC1120S

K-1

(Rev. 9/29/21)
3517

For calendar year 2022 or tax year beginning _____ and ending _____

Shareholder's identifying number	<u>2348</u>	S Corporation's FEIN	<u>57-0896848</u>
----------------------------------	-------------	----------------------	-------------------

Shareholder's name, address, and ZIP	S Corporation's name, address, and ZIP
--------------------------------------	--

SONYA M. INGRAM 113 DANDELION COURT LEXINGTON, SC 29072	HANDPICKED, INC. 270 HARBISON BLVD COLUMBIA, SC 29212
--	--

S Corporation - Check for Active Trade or Business election

Shareholder's percentage of stock ownership for tax year..... 100.00000 %

Check if applicable: (1) Final K-1 (2) Amended K-1 (3) Nonresident

Check if the shareholder is exempt from nonresident withholding because the:

shareholder filed an I-309 affidavit with the S Corporation shareholder is included in a composite return

Income (Loss)	A Federal K-1 Amounts		B Plus or Minus SC Adjustments		C Amounts Not Allocated or Apportioned to SC		D Amounts Allocated or Apportioned to SC	
	1	2	3	4	5	6	7	8
1 Ordinary business income (loss).....	1	<u>-404,425</u>	1		1		1	<u>-404,425</u>
2 Net rental real estate income (loss)...	2		2		2		2	
3 Other net rental income (loss).....	3		3		3		3	
4 Interest income.....	4		4		4		4	
5 Dividends.....	5		5		5		5	
6 Royalties.....	6		6		6		6	
7 Net short-term capital gain (loss).....	7		7		7		7	
8 Net long-term capital gain (loss).....	8		8		8		8	
9 Net Section 1231 gain (loss).....	9	<u>-634</u>	9		9		9	<u>-634</u>
10 Other income (loss).....	10		10		10		10	
11 Section 179 deduction.....	11		11		11		11	
12 Other deductions.....	12		12		12		12	
13 Active trade or business income taxed by the S Corporation					13			0
14 Net taxable income (add line 1 through line 10, then subtract line 11, line 12, and line 13)					14			<u>-405,059</u>
15 Withholding Tax for nonresident shareholder (see SC1120S K-1 instructions)					15			
List applicable South Carolina tax credits. (Attach an additional sheet if needed.)								
16					16			
17					17			
18 Total South Carolina tax credits					18			

35171016

REV 03/29/23 PRO

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

**ACTIVE TRADE OR BUSINESS INCOME FOR
ELECTING PARTNERSHIPS AND S CORPORATIONS**

Complete one I-435 for each return
Attach the I-435 to your SC1065 or SC1120S

I-435

(Rev 5/4/22)
3402

2022

For the year January 1 - December 31, 2022, or fiscal tax year beginning 2022 and ending 2023

Name of Partnership or S Corporation HANDPICKED, INC.	FEIN 570896848
---	--------------------------

Partnerships, S Corporations, and LLCs taxed as a Partnership or S Corporation must complete this form to use the flat rate on active trade or business income.

Distributive share items:	Column A Federal Schedule K amounts	Column B Schedule SC-K amounts	Column C SC active trade or business amounts
1. Ordinary business income (loss)	-404,425	-404,425	1. -404,425
2. Net rental real estate income (loss)			2.
3. Other net rental income (loss)			3.
4. Guaranteed payments*			4.
5. Interest income			5.
6. Ordinary/qualified dividends			
7. Royalties			7.
8. Net short-term capital gain (loss)			
9. Net long-term capital gain (loss)			
10. Net section 1231 gain (loss)	-634	-634	10. -634
11. Other income (loss)			11.
12. Section 179 deduction			12
13. Other deductions			13.
14. Total active trade or business income (add amounts in Column C). Enter here and on your SC1065, line 2 or on your SC1120S, line 5.			14. 0
15. Total active trade or business income taxed by another partnership or S Corporation (from SC K-1s received)			15.
16. Taxable active trade or business income (subtract line 15 from line 14)			16. 0
17. Active Trade or Business Income Tax (multiply line 16 by 3%). Enter here and on your SC1065, line 3 or on your SC1120S, line 6.			17. 0

The I-435 combines elements of Schedule Ks for the 1065 and the 1120-S.

* Items on the 1065, Schedule K but not on the 1120-S, Schedule K.

Fill in this information to identify the case:

Debtor name	HandPicked, Inc.
United States Bankruptcy Court for the:	District of South Carolina
Case number (If known):	(State)

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 168,447.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 442,812.91

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 611,259.91

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 2,702,076.41

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 745,046.00

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 3,447,122.41

Fill in this information to identify the case:

Debtor name HandPicked, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Melanie Mauldin 432 Myrtle Avenue Pawleys Island, SC, 29585		Unsecured Debt - Promissory Note for Purchase of HP				700,000.00
2	Bank of America Business CC PO Box 660442 Dallas, TX, 75266		Credit Card Debt				45,046.00
3							
4							
5							
6							
7							
8							

Debtor	HandPicked, Inc. Name	Case number (if known) _____					
Name of creditor and complete mailing address, including zip code		Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name HandPicked, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (If known): _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
2. Cash on hand			\$ 0.00
3. Checking, savings, money market, or financial brokerage accounts (Identify all)			
Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. <u>Security Federal</u>	<u>Checking</u>	<u>4 3 7 2</u>	<u>\$ 15,295.81</u>
3.2. <u>Wells Fargo (SLK)</u>	<u>Savings</u>	<u>0 5 8 8</u>	<u>\$ 1,000.00</u>
4. Other cash equivalents (Identify all)			
4.1. _____	\$ _____		
4.2. _____	\$ _____		
5. Total of Part 1	\$ 16,295.81		
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.			

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Description, including name of holder of deposit	Current value of debtor's interest
7.1. _____	\$ _____
7.2. _____	\$ _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

 No. Go to Part 4. Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: _____ - _____ face amount - doubtful or uncollectible accounts = → \$ _____

11b. Over 90 days old: _____ - _____ face amount - doubtful or uncollectible accounts = → \$ _____

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments

13. Does the debtor own any investments?

 No. Go to Part 5. Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	-------------------------------------	---	---	------------------------------------

19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

See Inventory Report attached as SOFA Exhibit A-27 06/29/2023 45,638.89 Meltdown Value/Resale 13,787.10
 _____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ 13,787.10

\$ _____

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	---	---	------------------------------------

28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?** No Yes. Is any of the debtor's property stored at the cooperative? No Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?** No Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?** No Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?** No Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?** No. Go to Part 8. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture Office: Two desks, tables, shelving, chairs, etc.	\$ 1,500.00	Debtor Estimate	\$ 400.00
40. Office fixtures See Schedule A/B Part 7, Question 40 Attachment	\$ 16,500.00	Resell Market	\$ 6,600.00
41. Office equipment, including all computer equipment and communication systems equipment and software See Schedule A/B Part 7, Question 41 Attachment	\$ 12,800.00	Resell Market	\$ 1,480.00
42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____
43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86.			\$ 8,480.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?** No Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?** No Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)			

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 2013 Honda Odyssey - Estimated Mileage - 143,920 mi.	\$ 14,500.00	Carmax History repor	\$ 7,000.00
47.2	\$ _____	_____	\$ _____
47.3	\$ _____	_____	\$ _____
47.4	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	\$ _____	_____	\$ _____
48.2	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1	\$ _____	_____	\$ _____
49.2	\$ _____	_____	\$ _____

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**

See Schedule A/B Part 8, Question 50 Attachment

\$ 59,996.00	market	\$ 15,250.00
--------------	--------	--------------

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ 22,250.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 270 Harbison Blvd Columbia, SC 29212	Lease	\$ 182,383.00		\$ 168,447.00
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 168,447.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

No. Go to Part 11.
 Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites behandpicked.com, handpicked.net - customer base	\$ 12.00	_____	\$ 2,000.00
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill See Schedule A/B Part 10, Question 65 Attachment	\$ 2,480,000.00	Sale	\$ 380,000.00
66. Total of Part 10.			\$ 382,000.00

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ - Total face amount _____ = → _____ \$ _____ doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Unused operating losses from past years that have carried forward

Tax year various \$ Unknown
 Tax year _____ \$ _____
 Tax year _____ \$ _____

73. Interests in insurance policies or annuities

_____ \$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

_____ \$ _____

Nature of claim _____
 Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

_____ \$ _____

Nature of claim _____
 Amount requested \$ _____

76. Trusts, equitable or future interests in property

_____ \$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

_____ \$ _____
 _____ \$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ 16,295.81	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ 0.00	
82. Accounts receivable. Copy line 12, Part 3.	\$ 0.00	
83. Investments. Copy line 17, Part 4.	\$ 0.00	
84. Inventory. Copy line 23, Part 5.	\$ 13,787.10	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ 8,480.00	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ 22,250.00	
88. Real property. Copy line 56, Part 9.	\$ 382,000.00	→ \$ 168,447.00
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11.	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 442,812.91	+ 91b. \$ 168,447.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.	611,259.91	\$ 611,259.91

Schedule A/B Part 5, Question 21

Description: Physical Inventory Cost on hand 6/29/2023 report provided

Valuation Method: Meltdown Value of Silver and Resale of Fashion Goods

See Inventory Report attached as SOFA Exhibit-27

Schedule A/B Part 7, Question 40

Lexington Store Fixtures: - floor free standing wooden/metal/glass bookshelves, tables, shelving units, cabinets and display cabinets (15 pieces @ average of \$500 each \$7500 new and resell for \$3000)

Irmo Store Fixtures: Free Standing wooden/metal/glass cases, bookshelves, tables, shelving units (18 @average of \$500 each \$9000 new and resell for \$3600)

Schedule A/B Part 7, Question 41

Dell Desktop Computers and monitors at stores, office (9 computers age 2015 to 2017) Book \$9k - Resell Value \$1k

Zebra Tag Printer, Shipping Label Printer - Book \$1500 Resell \$100

Clover Payment Processor card readers Machines \$100 new, \$20 used (2 in operation at stores, 13 in storage) \$300

Desktop Printers (2 HP) - Book \$200 Resell \$20

Cash Drawers \$200 each X3 = \$600 for resell \$60

Schedule A/B Part 8, Question 50

Engraving Machines - 3 Gravograph ISS400 very old machines that pre-date 2004. (two in operation and 1 in storage) Purchased New \$12,000 - Current Value based on demand of these \$1250 = \$3250

2010 Embroidery Machines Babylock six-needle machines (4) - 2 in store and 2 in storage) Price New Today is \$11,999 each, Value to resell based on demand \$12,000

Schedule A/B Part 10, Question 65

Goodwill at Sale in 2014 \$3.4M, Business volume at the time of SALE/Transfer with 13 stores, Business reputation, name (34 years in business), trade secrets, customer base, vendor connections, business processes, etc

Fill in this information to identify the case:

Debtor name HandPicked, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (If known):

 Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name

Business Development Corporation

Describe debtor's property that is subject to a lien

2013 Honda Odyssey - Estimated Mileage - 143,920 mi., See Schedule A/B Part 8, Question 50 Attachment, See Schedule A/B Part 7, Question 40 Attachment, See Schedule A/B Part 10, Question 65 Attachment, behandpicked.com,

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

\$ 1,642,248.41 \$ 597,472.81

Creditor's mailing address

111 Executive Center Drive

Enoree Bldg., Ste. 225, Columbia, SC 29211

Creditor's email address, if known

Date debt was incurred 10/13/1014

Last 4 digits of account number 5014

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor,

Describe the lien

UCC, 1st Lien on all - 2nd on inventory

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

2.2 Creditor's name

CCA Financial

Describe debtor's property that is subject to a lien

See Inventory Report attached as SOFA Exhibit A-27

\$ 435,278.00 \$ 13,787.10

Creditor's mailing address

7275 Glen Forest Drive

Richmond, VA 23226

Creditor's email address, if known

Date debt was incurred 10/13/2014

Last 4 digits of account number 6167

Do multiple creditors have an interest in the same property?

 No Yes. Have you already specified the relative priority? No. Specify each creditor, including this creditor, and its relative priority.

Describe the lien

UCC, Loan formerly with Wells Fargo.

Is the creditor an insider or related party?

No

Yes

Is anyone else liable on this claim?

No

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent

Unliquidated

Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 2,702,076.41

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.3 Creditor's name U.S. Small Business Administration

Describe debtor's property that is subject to a lien

EIDL Covid Loan, Debtor assets inventory, fixtures and personal guaranty

\$400,000.00 \$0.00

Creditor's mailing address

Disaster Relief Processing Center
14925 Kingsport Road, Fort Worth, TX 761

Creditor's email address, if known

Date debt was incurred 05/19/2020

Describe the lien

Last 4 digits of account number 7405

Covid Disaster Relief Loan,

Do multiple creditors have an interest in the same property?

Is the creditor an insider or related party?

No

No

Yes. Have you already specified the relative priority?

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

2.4 Creditor's name US Small Business Administration

Describe debtor's property that is subject to a lien

Furniture, fixtures, inventory after BDC loan

\$224,550.00 \$ 0.00

Creditor's mailing address

Disaster Relief Processing Center
14925 Kingsport Road, Fort Worth, TX 761

Creditor's email address, if known

Date debt was incurred 05/01/2019

Describe the lien

Last 4 digits of account number 7002

UCC

Do multiple creditors have an interest in the same property?

Is the creditor an insider or related party?

No

No

Yes. Have you already specified the relative priority?

Yes. Fill out Schedule H: Codebtors (Official Form 206H).

No. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

Debtor

HandPicked, Inc.

Case number (if known)

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Business Development Corp. of SC PO Box 21823 Columbia, SC, 29221	Line 2. <u>1</u>	_____
Callison Tighe & Robinson, LLC PO Box 1390 Columbia, SC, 29221	Line 2. <u>1</u>	_____
Wells Fargo Bank, N.A. PO Box 2705 CLS Collateral Serv. Dept Winston Salem, NC, 27199	Line 2. <u>2</u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
	Line 2. <u> </u>	_____
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Fill in this information to identify the case:

Debtor HandPicked, Inc.
 United States Bankruptcy Court for the: District of South Carolina
 Case number (If known)

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Danielle Anastacia Johnson 550 Newton Road Irmo, SC, 29063	As of the petition filing date, the claim is: \$ 0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.2	Priority creditor's name and mailing address Janette Liverman Shealy 236 McGregor Circle Lexington, SC, 29072	As of the petition filing date, the claim is: \$ 0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		
2.3	Priority creditor's name and mailing address Janice Buff 111 Gowan Hill Drive Lexington, SC, 29072	As of the petition filing date, the claim is: \$ 0.00 <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2. ⁴ Priority creditor's name and mailing address Karen Hiter 407 Creek Branch Ct Lexington, SC, 29072	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2. ⁵ Priority creditor's name and mailing address KeAnjane Govan 3406 Fernancina Road Apt 311 Columbia, SC, 29210	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2. ⁶ Priority creditor's name and mailing address Landon Ingram 113 Dandelion Court Lexington, SC, 29072	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2. ⁷ Priority creditor's name and mailing address Laura Christine Collins 711 Haverhill Court West Columbia, SC, 29169	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.		Total claim	Priority amount
2. ⁸ Priority creditor's name and mailing address Lauren Stiltner 117 Long Vista Court Lexington, SC, 29073	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2. ⁹ Priority creditor's name and mailing address Pat H. Dunlap 123 Whitton Court Lexington, SC, 29073	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2. ¹⁰ Priority creditor's name and mailing address Sonya Ingram 113 Dandelion Court Lexington, SC, 29072	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			
2. ¹¹ Priority creditor's name and mailing address Tracy Hawks 108 Kemsing Road Columbia, SC, 29212	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00	\$ _____
Date or dates debt was incurred _____	Basis for the claim: Wages, Salaries, Commissions		
Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

	Nonpriority creditor's name and mailing address	Date or dates debt was incurred	Last 4 digits of account number	Amount of claim	
				As of the petition filing date, the claim is: Check all that apply.	\$ _____
3.1	Arboretum Retail, LLC PO Box 604077 Charlotte, NC, 28260			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
3.2	Augusta Mall, LLC PO BOX 86 SDS-12-2765 Minneapolis, MN, 55486			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
3.3	Bank of America Business CC PO Box 660442 Dallas, TX, 75266	10/13/2014	4894	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Credit Card Debt	\$ 45,046.00
3.4	BEI Beach LLC 4017 Deville Street Myrtle Beach, SC, 29577			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
3.5	Belle Hall Shopping Center III, LLC 5950 Fairview Rd., Ste 800 Charlotte, NC, 28210			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
3.6	CBL-Shops at Friendly Ctr LLC CBL Center 2030 Hamilton Place Blvd Chattanooga, TN, 37421			<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
		Date or dates debt was incurred	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Equity Management Group, Inc. 840 East High Street Lexington, KY, 40502	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: NOTICE PURPOSES ONLY			
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
3. ⁸	Nonpriority creditor's name and mailing address Greenridge Shops, Inc. PO Box 74008261 Chicago, IL, 60674	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: NOTICE PURPOSES ONLY			
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
3. ⁹	Nonpriority creditor's name and mailing address Hawthorne Northcross, LLC c/o Hawthorne Retail Ptrs Inc PO Box 30174 Charlotte, NC, 28230	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: NOTICE PURPOSES ONLY			
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
3. ¹⁰	Nonpriority creditor's name and mailing address Hines Global Reit PO Box 742644 Atlanta, GA, 30374	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: NOTICE PURPOSES ONLY			
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			
3. ¹¹	Nonpriority creditor's name and mailing address Melanie Mauldin 432 Myrtle Avenue Pawleys Island, SC, 29585	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 700,000.00
Basis for the claim: Unsecured Debt - Promissory Note for Purchase of HP			
<p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Oberlin Village, LLC 2501 Blue Ridge Road, Ste 280 Raleigh, NC, 27607	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Erroneously UCC on file for old landlord (lapses 9/6/2023).	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address SCT Washington Crossing, LLC c/o Foundry Commercial, LLC PO Box 6230 Orlando, FL, 32802	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address Southeast Management Group PO Box 6165 Greenville, SC, 29606	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address Thruway Shopping Center, LLC PO Box 64288 Baltimore, MD, 21264-4288	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: NOTICE PURPOSES ONLY	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁶	Nonpriority creditor's name and mailing address Time Clock Wizard 228 Park Ave S., #20163 New York, NY, 10003	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim:	\$ 0.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹⁷	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
VAS Town Center I, LLC c/o CNL Commercial RE, Inc. 121 West Trade St., 25th FL Charlotte, NC, 28202		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 0.00
Basis for the claim: NOTICE PURPOSES ONLY			
Is the claim subject to offset?			
Date or dates debt was incurred		<input checked="" type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
CSMC 2006-5 Ret		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
CSMC 2006-5 Ret		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: Check all that apply.	Amount of claim
CSMC 2006-5 Ret		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
Basis for the claim:			
Is the claim subject to offset?			
Date or dates debt was incurred		<input type="checkbox"/> No	
Last 4 digits of account number		<input type="checkbox"/> Yes	

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1.	Business Card PO Box 15796 Wilmington, DE, 19886	Line <u>3.3</u> <input type="checkbox"/> Not listed. Explain: _____	
4.2.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.3.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.4.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.5.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.6.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.7.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.8.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.9.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.10.		Line _____ <input type="checkbox"/> Not listed. Explain _____	
4.11.		Line _____ <input type="checkbox"/> Not listed. Explain _____	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5a. **Total of claim amounts**

\$ 0.00

5b. Total claims from Part 2

5b. **+ \$ 745,046.00**

5c. Total of Parts 1 and 2

5c. **\$ 745,046.00**

Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name HandPicked, Inc.
United States Bankruptcy Court for the: District of South Carolina
Case number (If known): _____ Chapter 11

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease	
2.1	State what the contract or lease is for and the nature of the debtor's interest	Konica Minolta BH C4050I Copier Lessee	Pollack Company 1711 Central Avenue Augusta, GA, 30904
	State the term remaining	54 months	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	2185 Sunset Blvd Retail Space Lexington, SC Lessee	Rivercrest Realty Director of Asset Mgmt/Acqs 8816 Six Forks Rd., Ste 201 Raleigh, NC, 27615
	State the term remaining	Month to Month	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest	5 Year Lease for Irmo Store Retail Space Lessee	Big V Properties LLC 176 N Main Street Suite 210 Florida, NY, 10921
	State the term remaining	60 months	
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.5	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name HandPicked, Inc.

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	Check all schedules that apply:
Name	Mailing address	Name	
2.1 Sonya Ingram	113 Dandelion Court Lexington, SC 29072	Bank of America Business	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Sonya Ingram	113 Dandelion Court Lexington, SC 29072	Melanie Mauldin	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Sonya Ingram	113 Dandelion Court Lexington, SC 29072	Business Development Co	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Sonya Ingram	113 Dandelion Court Lexington, SC 29072	CCA Financial	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Sonya Ingram	113 Dandelion Court Lexington, SC 29072	U.S. Small Business Adm	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Sonya Ingram	113 Dandelion Court Lexington, SC 29072	US Small Business Admir	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor
Name	Mailing address	Name
2.7 Kevin D. Ingram	113 Dandelion Court Lexington, SC 29072	Business Development Corporation
2.____		<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name	HandPicked, Inc.
United States Bankruptcy Court for the: District of South Carolina	
Case number (If known):	

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year			Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2023</u> MM / DD / YYYY	to	Filing date	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 265,776.56
For prior year:	From <u>01/02/2022</u> MM / DD / YYYY	to	<u>12/31/2022</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 695,297.00
For the year before that:	From <u>01/03/2021</u> MM / DD / YYYY	to	<u>01/01/2022</u> MM / DD / YYYY	<input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ 969,690.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

			Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From <u>01/01/2023</u> MM / DD / YYYY	to	Filing date	\$ 0.00
For prior year:	From <u>01/02/2022</u> MM / DD / YYYY	to	<u>12/31/2022</u> MM / DD / YYYY	PPP Loan Forgiveness \$ 186,574.00
For the year before that:	From <u>01/03/2021</u> MM / DD / YYYY	to	<u>01/01/2022</u> MM / DD / YYYY	Wells Fargo Debt Forgiveness \$ 209,863.00

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. _____ Creditor's name _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. _____ Creditor's name _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. _____ Insider's name _____ _____	_____	\$ _____	
Relationship to debtor _____	_____	_____	
4.2. _____ Insider's name _____ _____	_____	\$ _____	
Relationship to debtor _____	_____	_____	

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name _____	_____	_____	\$ _____

5.2. _____

Creditor's name _____ \$ _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.3. _____ Creditor's name _____	_____	_____	\$ _____

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Inc. Oberlin Village LLC vs. HandPicked, _____	Money Owed	Wake County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number 19-CVS-014420-910	_____	316 Fayette Ville St., Ste 2050 Raleigh, NC 27601	_____

7.2. _____

Case title _____ Court or agency's name and address _____
Case number _____ Pending
 On appeal
 Concluded

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	
Case number	Name	
_____	_____	
Date of order or assignment	_____	
_____	_____	

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. Recipient's name	_____	_____	\$ _____
	_____	_____	\$ _____
Recipient's relationship to debtor			_____
_____			_____
9.2. Recipient's name	_____	_____	\$ _____
_____			\$ _____
Recipient's relationship to debtor			_____
_____			_____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.	_____	_____	\$ _____
List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			_____
_____			\$ _____

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1. Penn Law Firm, LLC _____ Address 1517 Laurel Street Columbia, SC 29201		05/26/2023	\$ 15,000.00

Email or website address

Who made the payment, if not debtor?

Sonya Ingram

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2. _____ Address _____		_____	\$ _____

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
Trustee _____		_____	\$ _____

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
------------------------	--	------------------------	-----------------------

13.1. _____ \$ _____

Address _____

Relationship to debtor _____

Who received transfer? _____ \$ _____

13.2. _____ \$ _____

Address _____

Relationship to debtor _____

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

	Address	Dates of occupancy
14.1.	441 Industrial Drive Lexington , SC 29072	From 06/01/2018 To 02/20/2023
14.2.		From _____ To _____

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. _____ Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____ Facility name _____

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- Electronically
- Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

- No
- Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

- No. Go to Part 10.
- Yes. Fill in below:

Name of plan _____

Employer identification number of the plan _____

EIN: _____

Has the plan been terminated?

- No
- Yes

Debtor HandPicked, Inc. _____ Case number (if known) _____

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1. _____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____
18.2. _____ Name	XXXX-_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other_____	_____	\$ _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name _____	Address _____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Extra Space Storage, Unit 332 Name 890 St Peters Rd Lexington, SC 29072	Sonya Ingram	Packaging, Store forms, Monogram machines, Embroidery machines, tables, file cabinets, misc. household goods, Christmas decor, files, paperwork, shipping materials	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor HandPicked, Inc. _____ Case number (if known) _____

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
HandPicked, Inc. Name 270 Harbison Boulevard Columbia, SC 29212	2045 Highway 378 Lexington, SC 29072	Held for Scott Goff, former employee. 2016 Dodge Ram Truck	\$ 5,000.00

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No

Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____		<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____		_____

Debtor HandPicked, Inc.
Name

Case number (if known)

24. Has the debtor notified any governmental unit of any release of hazardous material?

No
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

25.1. Name	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
			EIN: _____
			Dates business existed
			From _____ To _____

25.2. Name	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
			EIN: _____
			Dates business existed
			From _____ To _____

25.3. Name	Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
			EIN: _____
			Dates business existed
			From _____ To _____

Debtor HandPicked, Inc. _____ Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

	Name and address	Dates of service
26a.1.	Cathy Whetstone Name 111 Hounds Run Drive, Lexington, SC 29072	From 01/01/2018 To 03/01/2023

	Name and address	Dates of service
26a.2.	Tracy Hawks Name 108 Kemsing Road, Columbia, SC 29212	From 01/01/2010 To 06/30/2023

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

	Name and address	Dates of service
26b.1.	Dooley & Company, CPAs Name 468 Old Cherokee Road, Lexington, SC 29072	From 01/01/2020 To 06/30/2023

	Name and address	Dates of service
26b.2.	Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

	Name and address	If any books of account and records are unavailable, explain why
26c.1.	Name	

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

Name and address

If any books of account and records are
unavailable, explain why

26c.2.

Name _____

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. Business Development Corporation

Name _____

111 Executive Center Drive, Enoree Bldg., Ste. 225, Columbia, SC

Name and address

26d.2. US Small Business Administration

Name _____

2 North Street, Ste. 320, Birmingham, AL 35203

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

Sonya Ingram _____

\$ _____

Name and address of the person who has possession of inventory records

27.1. Sonya Ingram c/o HandPicked, LLC

Name _____

270 Harbison Boulevard
Columbia, SC 29212

Debtor HandPicked, Inc. _____ Case number (if known) _____
Name _____

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
---	-------------------	--

Name and address of the person who has possession of inventory records
--

27.2.

Name

\$ _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Sonya M. Ingram	113 Dandelion Court, Lexington, SC 29072	Owner	100

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
Sonya Ingram Name 113 Dandelion Court Lexington, SC 29072	110,300.01	_____	Bi-Weekly Salary 6/30/2022-6/30/2023

Relationship to debtor

Owner

Debtor HandPicked, Inc.
Name _____

Case number (if known) _____

Name and address of recipient

30.2

Name _____

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/30/2023
MM / DD / YYYY

 /s/ Sonya M. Ingram

Printed name Sonya M. Ingram

Signature of individual signing on behalf of the debtor

Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

Continuation Sheet for Official Form 207**26d) Creditors****CCA Financial****7275 Glen Forest Drive, Richmond, VA
23226****Big V Properties, LLC****176 N. Main Street, Ste. 210, Florida,
NY 10921**

Locations: Location is ("04 Irmo" or "99 Web" or "01 Warehouse" or "12 Lexington")

Items: All

Customers: All

Generated: Thursday, June 29, 2023 5:15 PM

Sort: Location:

Name (asc)

YE2022 December Inventory Report

1/1/2023 -
6/29/2023

Location: Name	Beginning Inventory: Cost On Hand		Beginning Inventory: Price Owned		Purchasing: Gross Received Cost		Transfer Shipped: Net Cost		Transfer Received: Net Cost		Ending Inventory: Cost On Hand		Ending Inventory: Price Owned		Inventory Adjustment: Net Adjusted Price		Source Sales: Net Item Sold Cost		Source Sales: Net Sales	
	01 Warehouse	04 Irmo	12 Lexington	99 Web																
01 Warehouse	\$-10.25	\$92.00			\$0.00		\$0.00		\$0.00		\$-10.25		\$-92.00		\$0.00		\$0.00		\$0.00	
04 Irmo	\$14,571.25	\$63,101.40			\$0.00		\$2,368.00		\$37,577.91		\$12,380.01		\$53,635.32		\$443.83		\$300.59		\$37,612.89	
12 Lexington	\$27,778.43	\$110,808.63			\$0.00		\$2,880.04		\$33,089.56		\$20,145.62		\$89,194.47		\$296.80		\$2,201.14		\$37,908.62	
99 Web	\$31,695.69	\$154,698.36			\$66,976.38		\$68,135.05		\$2,610.79		\$13,123.52		\$80,161.00		\$-19,559.80		\$-90,895.88		\$0.00	
Grand total:	\$74,035.12	\$328,516.39			\$66,976.38		\$73,383.09		\$73,278.26		\$45,638.89		\$222,898.79		\$-18,819.17		\$-88,394.15		\$75,521.51	\$245,814.31

Fill in this information to identify the case and this filing:

Debtor Name HandPicked, Inc.
United States Bankruptcy Court for the: District of South Carolina
Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule _____*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration _____*

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 06/30/2023
MM / DD / YYYY

 /s/ Sonya M. Ingram

Signature of individual signing on behalf of debtor

Sonya M. Ingram

Printed name

Owner

Position or relationship to debtor

United States Bankruptcy Court
District of South Carolina

In re: HandPicked, Inc.

Case No.

Chapter 11

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 06/30/2023

/s/ Sonya M. Ingram

Signature of Individual signing on behalf of debtor

Owner

Position or relationship to debtor

Arboretum Retail, LLC
PO Box 604077
Charlotte, NC 28260

Greenridge Shops, Inc.
PO Box 74008261
Chicago, IL 60674

Augusta Mall, LLC
PO BOX 86
SDS-12-2765
Minneapolis, MN 55486

Hawthorne Northcross, LLC
c/o Hawthorne Retail Ptrs Inc
PO Box 30174
Charlotte, NC 28230

Bank of America Business CC
PO Box 660442
Dallas, TX 75266

Hines Global Reit
PO Box 742644
Atlanta, GA 30374

BEI Beach LLC
4017 Deville Street
Myrtle Beach, SC 29577

Janette Liverman Shealy
236 McGregor Circle
Lexington, SC 29072

Belle Hall Shopping Center III, LLC
5950 Fairview Rd., Ste 800
Charlotte, NC 28210

Janice Buff
111 Gowan Hill Drive
Lexington, SC 29072

Big V Properties LLC
176 N Main Street
Suite 210
Florida, NY 10921

Karen Hiter
407 Creek Branch Ct
Lexington, SC 29072

Business Card
PO Box 15796
Wilmington, DE 19886

KeAnjane Govan
3406 Fernancina Road
Apt 311
Columbia, SC 29210

Business Development Corp. of SC
PO Box 21823
Columbia, SC 29221

Kevin D. Ingram
113 Dandelion Court
Lexington, SC 29072

Business Development Corporation
111 Executive Center Drive
Enoree Bldg., Ste. 225
Columbia, SC 29210

Landon Ingram
113 Dandelion Court
Lexington, SC 29072

Callison Tighe & Robinson, LLC
PO Box 1390
Columbia, SC 29221

Laura Christine Collins
711 Haverhill Court
West Columbia, SC 29169

CBL-Shops at Friendly Ctr LLC
CBL Center
2030 Hamilton Place Blvd
Chattanooga, TN 37421

Lauren Stiltner
117 Long Vista Court
Lexington, SC 29073

CCA Financial
7275 Glen Forest Drive
Richmond, VA 23226

Melanie Mauldin
432 Myrtle Avenue
Pawleys Island, SC 29585

Danielle Anastacia Johnson
550 Newton Road
Irmo, SC 29063

Oberlin Village, LLC
2501 Blue Ridge Road, Ste 280
Raleigh, NC 27607

Equity Management Group, Inc.
840 East High Street
Lexington, KY 40502

Pat H. Dunlap
123 Whitton Court
Lexington, SC 29073

Pollack Company
1711 Central Avenue
Augusta, GA 30904

Rivercrest Realty
Director of Asset Mgmt/Acqs
8816 Six Forks Rd., Ste 201
Raleigh, NC 27615

SCT Washington Crossing, LLC
c/o Foundry Commercial, LLC
PO Box 6230
Orlando, FL 32802

Sonya Ingram
113 Dandelion Court
Lexington, SC 29072

Southeast Management Group
PO Box 6165
Greenville, SC 29606

Thruway Shopping Center, LLC
PO Box 64288
Baltimore, MD 21264-4288

Time Clock Wizard
228 Park Ave S., #20163
New York, NY 10003

Tracy Hawks
108 Kemsing Road
Columbia, SC 29212

U.S. Securities and Exchange Comm
Office of Reorganization
950 East Paces Ferry Rd., N.E. Ste 900
Atlanta, GA 30326

U.S. Small Business Administration
Disaster Relief Processing Center
14925 Kingsport Road
Fort Worth, TX 76155

US Small Business Administration
Disaster Relief Processing Center
14925 Kingsport Road
Fort Worth, TX 76155

VAS Town Center I, LLC
c/o CNL Commercial RE, Inc.
121 West Trade St., 25th FL
Charlotte, NC 28202

Wells Fargo Bank, N.A.
PO Box 2705
CLS Collateral Serv. Dept
Winston Salem, NC 27199

United States Bankruptcy Court
South Carolina

In re: HandPicked, Inc.

Case No.

Chapter 11

Debtor(s)

BUSINESS INCOME AND EXPENSES

Gross Monthly Income	<u>\$ 54,082.00</u>
Business Expenses	
Cost of goods sold	<u>14,911.00</u>
Advertising	<u>200.00</u>
Car and truck expenses	<u>178.00</u>
Fees	<u>310.00</u>
Depreciation	<u> </u>
Employee benefits	<u>485.00</u>
Insurance	<u>2,766.00</u>
Interest	<u>4,942.00</u>
Legal and professional	<u>370.00</u>
Office expense	<u> </u>
Pension and profit sharing	<u> </u>
Rent	<u>7,368.00</u>
Other leases	<u>201.00</u>
Repairs	<u>328.00</u>
Maintenance	<u> </u>
Supplies	<u>525.00</u>
Taxes and licenses	<u>3,999.00</u>
Travel, meals, etc	<u>300.00</u>
Utilities	<u>1,172.00</u>
Other Computer/Operations Softw:	<u>660.00</u>
Wages	<u>19,332.00</u>
<u> </u>	
Total Expenses	<u>\$ 58,047.00</u>
Net Monthly Income	<u>\$ -3,965.00</u>

United States Bankruptcy Court

District of South Carolina

In re HandPicked, Inc.

Case No. _____

Debtor

Chapter ¹¹ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

For legal services, I have agreed to accept \$
Prior to the filing of this statement I have received \$
Balance Due. \$

RETAINER

For legal services, I have agreed to accept a retainer of \$ ^{15,000.00}
The undersigned shall bill against the retainer at an hourly rate of \$ ^{375.00}
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify) Sonya Ingram

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

Above is retainer only. Fees billed hourly as outlined in Application to Employ to be filed at a future date.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

1) Adversary proceedings in the Bankruptcy Court; (2) Lawsuits or other legal proceedings before any other court or tribunal; (3) Appeals; and (4) Matters involving material facts not disclosed at the time the Retainer Agreement was executed.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

06/30/2023

/s/ W. Harrison Penn, District Ct. ID #11164

Date

Signature of Attorney

Penn Law Firm, LLC

Name of law firm
1517 Laurel Street (29201)
PO Box 11332
Columbia, SC 29211-1332